MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

63-029625 STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 326

DO NOT WRITE ON THIS STUB — AMENDED

FILED AUG 13 1963

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF — DOCUMENT

1. PLACE OF DEATH
a. COUNTY: St. Francois
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Francois Township
Length of stay in 1b: 38 Yrs. 11mos; 14ds.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: State Hospital No. 4
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Dent
c. CITY OR TOWN: Salem
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Rural Route
Reside on Farm: Unknown Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First IDA Middle A. Last MASTERS

4. DATE OF DEATH: Month July Day 30, Year 1963

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 1888
9. AGE (last birthday): 75
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Unknown.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: William Masters
13b. MOTHER'S MAIDEN NAME: Beatrice Copeland
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of servi
16. SOCIAL SECURITY NO.
17. INFORMANT Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Terminal pneumonia	2 das.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Inanition	Abt. 6 mos.
DUE TO (c)	Psychosis (with mental deficiency).	ABt. 56 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from July 29, 1963, to July 30, 1963 and last saw her alive on July 30, 1963
Death occurred at 9:25 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): John A. Bateman M.D.
22b. ADDRESS: State Hospital No. 4 Farmington, Missouri
22c. DATE SIGNED: 7-30-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Aug. 2, 1963
23c. NAME OF CEMETERY OR CREMATORY: Union Cemetery
23d. LOCATION (City, town, or county) (State): Dent County, Missouri

24. FUNERAL DIRECTOR ADDRESS: Spencer Funeral Home, Inc., Salem, Mo.
25. DATE RECD. BY LOCAL REG.: July 30, 1963
26. REGISTRAR'S SIGNATURE: Esther Ridloff

(Licensed Embalmer) Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed David Spencer

Licensed Embalmer No. 2350

P. O. Address Auburn Me.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.